

QUESTIONNAIRE ABOUT MILITARY SERVICE

THIS FORM IS USED WHEN MORE INFORMATION IS NEEDED TO LOCATE A RECORD. PLEASE SUPPLY AS MUCH INFORMATION AS POSSIBLE. PLEASE BE SURE TO INCLUDE YOUR ORIGINAL INQUIRY WHEN YOU RETURN THIS FORM. WE DID NOT KEEP A COPY.

NAME(S) USED DURING SERVICE (and nicknames, if any) last first middle			BRANCH OF SERVICE <input type="checkbox"/> ARMY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD		WAS SERVICE SIX MONTHS ACTIVE DUTY FOR TRAINING ONLY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
			DATE OF BIRTH		BIRTH PLACE	
SERVED AS: (INCLUDE SERIAL/SERVICE NUMBER(S))			HOME ADDRESS: AT TIME OF ENTRY INTO SERVICE:			
<input type="checkbox"/> ENLISTED: _____			STREET CITY COUNTY STATE			
<input type="checkbox"/> OFFICER: _____			AT TIME OF RELEASE FROM ACTIVE DUTY:			
VETERAN'S SOCIAL SECURITY NUMBER: _____			STREET CITY COUNTY STATE			
SELECTIVE SERVICE:						
LOCAL BOARD NUMBER, CITY, & STATE					VETERAN'S SELECTIVE SERVICE NO	
MONTH/DAY/YEAR ENTERED ACTIVE DUTY:			PLACE ENTERED:			
CAMP OR STATION (RECEPTION CENTER) SENT TO AFTER ENLISTMENT OR INDUCTION:						
PLACE OF BASIC TRAINING (SHOW "OUTFIT" AND CAMP OR STATION):						
PLEASE LIST ALL UNITS OR "OUTFITS" SERVED WITH DURING MILITARY SERVICE, AFTER BASIC TRAINING. SHOW COMPLETE ORGANIZATIONAL DESIGNATION (COMPANY OR BATTERY, BATTALION, AND REGIMENT; SQUADRON GROUP, AND WING, ETC.). ALSO SHOW GEOGRAPHICAL LOCATION (CAMP, BASE, AND COUNTRY). (USE BACK SIDE IF NEEDED.)					INCLUSIVE DATES (MONTH/DAY/YEAR)	
					FROM	TO
						XXXXXXXXXX
(BE SURE THAT LAST LINE SHOWS UNIT AND LOCATION ON DATE OF RELEASE FROM ACTIVE DUTY. EVEN IF ALREADY DETACHED FROM REGULAR UNIT, AND RELEASE OCCURRED AT A SEPARATION STATION, BE SURE TO SHOW NAME AND LOCATION OF THAT SEPARATION STATION ON LAST LINE.)					DATE RELEASED FROM ACTIVE DUTY:	
MO/DAY/YR OF ANY REENLISTMENT(S), INCLUDING "OUTFIT":						
IF YOU HAVE PAPERS THAT PERTAIN TO THE PERIOD(S) OF SERVICE LISTED ABOVE, PLEASE SEND US COPIES. FOR EXAMPLE: SEPARATION DOCUMENT(S), ORDERS, AWARD CITATIONS, OR ENVELOPES WITH A MILITARY RETURN ADDRESS. YOU MAY BE ABLE TO OBTAIN A COPY OF THE REPORT OF SEPARATION FROM A FORMER EMPLOYER OR THE RECORDER'S OFFICE OF THE CITY OR COUNTY WHERE THE VETERAN LIVED JUST AFTER SEPARATION/DISCHARGE.						
DID THE VETERAN EVER:						
a. FILE A CLAIM FOR DEPARTMENT OF VETERANS AFFAIRS (VA) BENEFITS?			<input type="checkbox"/> NO <input type="checkbox"/> YES		IF YES, SHOW CLAIM NUMBER: _____ AND CITY AND STATE WHERE CLAIM WAS FILED: _____	
b. SERVE IN THE RESERVES AFTER RELEASE FROM THE PERIOD OF ACTIVE DUTY SHOWN ABOVE?			<input type="checkbox"/> NO <input type="checkbox"/> YES		IF YES, SHOW MONTH AND YEAR FROM: _____ TO: _____ AND BRANCH OF SERVICE IF DIFFERENT FROM ABOVE: _____	
c. RECEIVE A STATE BONUS FOR MILITARY SERVICE?			<input type="checkbox"/> NO <input type="checkbox"/> YES		IF YES, SHOW STATE: _____ AND MONTH AND YEAR PAID: _____	
d. SERVE IN THE NATIONAL GUARD?			<input type="checkbox"/> NO <input type="checkbox"/> YES		IF YES, SHOW STATE: _____ AND MONTH/YEAR SERVED. FROM: _____ TO: _____	
e. RETIRE FROM MILITARY SERVICE?			<input type="checkbox"/> NO <input type="checkbox"/> YES		IF YES, SHOW MONTH/YEAR RETIRED: _____	
f. HAVE ACTIVE DUTY IN ANY OTHER MILITARY SERVICE BRANCH IN LATER YEARS?			<input type="checkbox"/> NO <input type="checkbox"/> YES		IF YES, SHOW BRANCH: _____ AND MONTH/YEAR FROM: _____ TO: _____	
g. WORK FOR THE FEDERAL GOVERNMENT AS A CIVILIAN?			<input type="checkbox"/> NO <input type="checkbox"/> YES		IF YES, SHOW AGENCY: _____ AND MONTH/YEAR EMPLOYED FROM: _____ TO: _____	
PHONE NUMBER (Including Area Code) WHERE YOU MAY BE REACHED DURING THE DAY:					TODAY'S DATE:	
PURPOSE FOR WHICH INFORMATION OR DOCUMENTS ARE NEEDED:						

SIGNATURE OF VETERAN (or next of kin if veteran is deceased, such as unmarried widow(er), daughter, son, mother, father, sister, brother):

RELATIONSHIP TO DECEASED VETERAN:

*** PLEASE REMEMBER TO RETURN YOUR ORIGINAL INQUIRY ***

PRIVACY ACT OF 1974 COMPLIANCE INFORMATION: Authority for the collection of the information is 44 U.S.C. 2907 and 3103 and E.O. 9397 of November 22, 1943. Disclosure of the information is voluntary. The principal purpose of the information is to assist the National Personnel Records Center in locating and verifying the correctness of the required records to answer your inquiry. Routine use of the information as established and published in accordance with 5 U.S.C. 552A (E) (4) (D) include the transfer of relevant information to appropriate Federal, state, local, or foreign agencies for use in civil, criminal, or regulatory investigations or prosecution. In addition this form will be filed with the appropriate military or civilian records and may be transferred along with the record to another agency in accordance with the routine uses established by the agency which maintains the record. If the requested information is not provided, it may not be possible to service your inquiry.